

RENTAL REGISTRATION APPLICATION

Eastham Town Clerk
2500 State Highway
Eastham, MA 02642 (508) 240-5900, ext. 223,226

Certificate # _____

NAME of Property Owner(s) _____

Owner's Year-Round **Street** Address _____

Owner's Year-Round **Mailing** Address _____

Town _____ State _____ Zip Code _____ Home
Phone _____

Annual Fee per unit \$50.00.

Type of Unit: _____ Private Home _____ Cottage _____ Duplex
_____ Apartment _____ Bed & Breakfast

House Number and Street of property to be rented:

_____ Map _____ Parcel _____

AREA OF ALL LIVING SPACE (Excluding basement, attic, closets, baths): _____ SQ.FT.

*Area of Bedroom #1 _____ Area of Bedroom #4 _____

Area of Bedroom #2 _____ Area of Bedroom #5 _____

Area of Bedroom #3 _____

* Number of Bedrooms must agree with Building, Assessing Department and Board of Health Records

A water test must be submitted each year. Which test will be submitted? _____
Routine Nitrate

Property must be equipped with smoke and carbon monoxide detectors. Present? Yes _____ No _____

Who is responsible for trash disposal for this property? Owner _____ Tenant _____

Name of Company if Disposal Service _____

If this is a condo, who is the contact person or manager? Name _____

Phone _____

Failure to register, violations of regulations or over-utilization of the property will result in a fine of \$300.00 for each offense for each day of the violation.

Signature of Owner

Date

Application Subject to Change